

Work Order ID 91800

\*91800\*

Page 1

October-18-12 1:58:06 PM

Item ID: 647.1712

Accept

\*N9000040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Gusset

Start Date: 18/10/2012 Start Qty: 12.00 \*12\*

Cust Item ID:

Required Date: 01/11/2012 Req'd Qty: 12.00 \*12\*

Customer:

Reference:

Approvals: Process Plan: ML5 Date: 12-10-18 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
647.1700	N/C

110 0.00

\*110\*

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg

7075 +60"  
050"

Dwg Rev: N/C  
Prog Rev: N/C

2-Deburr if necessary

120 QC2- Inspect parts off machine FAI/FAIB 0.00

\*120\*

QC

Memo

0.00

Quality Control

(12)

B12-10-21

(12)

B12-10-21

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions  <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Work Order ID 91800

\*91800\*

Page 2

October-18-12 1:58:06 PM

Item ID: 647.1712

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Gusset

Start Date: 18/10/2012 Start Qty: 12.00

\*12\*

Cust Item ID:

Required Date: 01/11/2012 Req'd Qty: 12.00

\*12\*

Customer:

Reference:

Run Start

\*NR1\*

Stop

\*NR2\*

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

QC8- Inspect parts - second check

0.00

SMB  
12/10/22

12

\*130\*

QC

Memo

0.00

Quality Control

140

Form as per dwg

0.00

\*140\*

Brake NC

Memo

0.00

Brake NC

10

150

QC5- Inspect part completeness to step on W/O

0.00

\*150\*

QC

Memo

0.00

Quality Control

10

Outsource process Anodize

Issue P/O: 19583

Receive and inspect

12/15/16 (13)

PL12-5-12

NCR: ☒ Yes ☐ No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: ATL Date: 13/6/12QA Closed: ELC Date: 13/4/12

Work Order: <u>B 91800</u> Part No. <u>647 1712</u> NCR No. <u>13.2443</u>				<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b> <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input checked="" type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input checked="" type="checkbox"/>				2 part crack when forming QTY ② RC Process	DAS 16 2-89 Q57042 12/11/26	Scrap = destroy no replace 54.50 42	DS 14/1/22	DAS 15 2-89 12/11/26	DAS 16 2-89 Q57042 12/11/26		
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input checked="" type="checkbox"/>	12/11/22	133	2								
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY							
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube		<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection incomplete <input type="checkbox"/> Instructions incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input checked="" type="checkbox"/> Other <u>not written for GND Audit</u>	

**Work Order ID 91800****\*91800\***

Page 3

Friday, March 22, 2013 9:18:44 AM

Item ID: 647.1712

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: Gusset

Stop **\*NS2\***

Start Date: 10/18/2012 Start Qty: 12.00

**\*12\***

Cust Item ID:

Required Date: 11/1/2012 Req'd Qty: 12.00

**\*12\***

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp150 **153**  
**\*153\***  
QC

QC5- Inspect part completeness to step on W/O

0.00

Quality Control

Memo

0.00

155

0.00

**\*155\***

SprayPaint

Memo

0.00

Spray Painting

PRIME IAW MIL-P-23377J TYPE I CLASS N AS PER DWG. (SEE NOTE 3)

CARDINAL 4860-50 PRIMER BATCH: **124204**

160

Identify as per dwg &amp; Stock Location: \_\_\_\_\_ 0.00

**\*160\***

Packaging

Memo

0.00

Packaging

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

QC14 inspect.

**DAS**  
**16**  
2-3

13/03/28

# Work Order ID 91800

**\*91800\***

Page 4

October-18-12 1:58:06 PM

Item ID: 647.1712

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Gusset

Start Date: 18/10/2012 Start Qty: 12.00

**\*12\***

Cust Item ID:

Required Date: 01/11/2012 Req'd Qty: 12.00

**\*12\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160	Identify as per dwg & Stock Location: _____	0.00							
<b>*160*</b>									
Packaging	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***								
	shipped to Apical								
170	QC21- Final Inspection - Work Order Release	0.00							
<b>*170*</b>									
QC	Memo	0.00							
Quality Control									

13-03-28

13/3/28

ML5 13-03-28

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

# Picklist Print

October-18-12 1:58:10 PM

Page 1

Work Order ID: 91800

\*91800\*

Parent Item: 647.1712

\*647 1712\*

Parent Item Name: Gusset

Start Date: 18/10/2012

Required Date: 01/11/2012

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP REV:A 12.10.04 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6S.050		Purchased	No			110	sf	33.4000	0.4123	5.208			

\*M7075T6S 050\*

\*\*

B12-10-Z1

7075-T6 SHEET .050

Location

Loc Qty

Loc Code

MAT022

33.4

118654

33.4

118654

(2)



NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY				
<b>Landing Gear</b>  <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b>  <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



APICAL  
INDUSTRIES, INC.

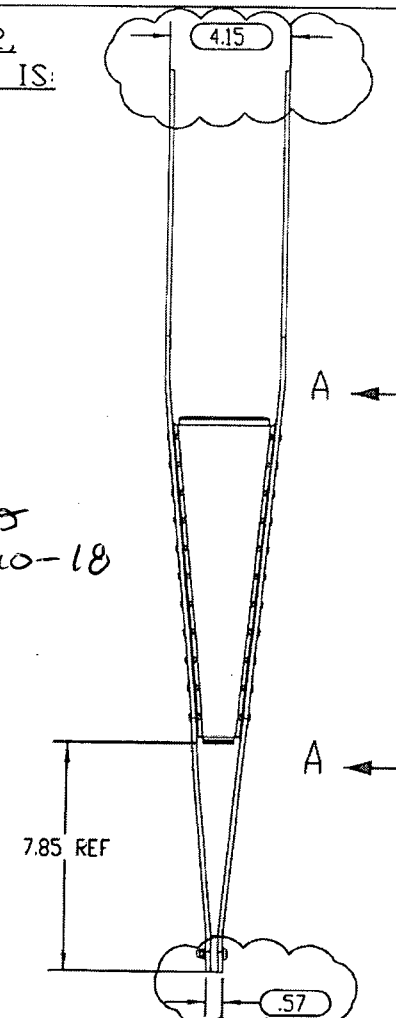
ENGINEERING CHANGE NOTICE NO.		02937		SHEET 1 OF 1	
DWG NO. 647.1700	REV: NC	PREPARED BY J. JACKSON	DATE: 07/14/10	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
DWG TITLE: SKID DEFLECTOR ASSY					
APPROVED BY: ENGR	MFG	QC	EFF: CURRENT ORDER		
REASON: REVISED F/N 8 AND NOTE 3. ADDED INSPECTION DIMENSIONS TO DRAWING VIEWS.					

SHEET 1, ZONE A1 IS:

3 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2, COLOR BLACK;  
PRETREAT PRC-DESOTO PR-148 ADHESION PROMOTER, COLOR BLUE;  
PRIME IAW MIL-P-23377J TYPE I CLASS N

SHEET 2,  
ZONE A1 IS:

SKID DEFLECTOR  
REQUIRING  
ENGINEERING  
UNCONTROLLED  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 91800 MCG  
12-10-18



8	R	601.1622	1	SCREW	MS27039-1-14 /
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
DOCUMENTS EFFECTED:					CHANGE CATEGORY
<input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> FMS <input type="checkbox"/> ICA <input checked="" type="checkbox"/> BOM					<input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR
DER REVIEW REQUIRED					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

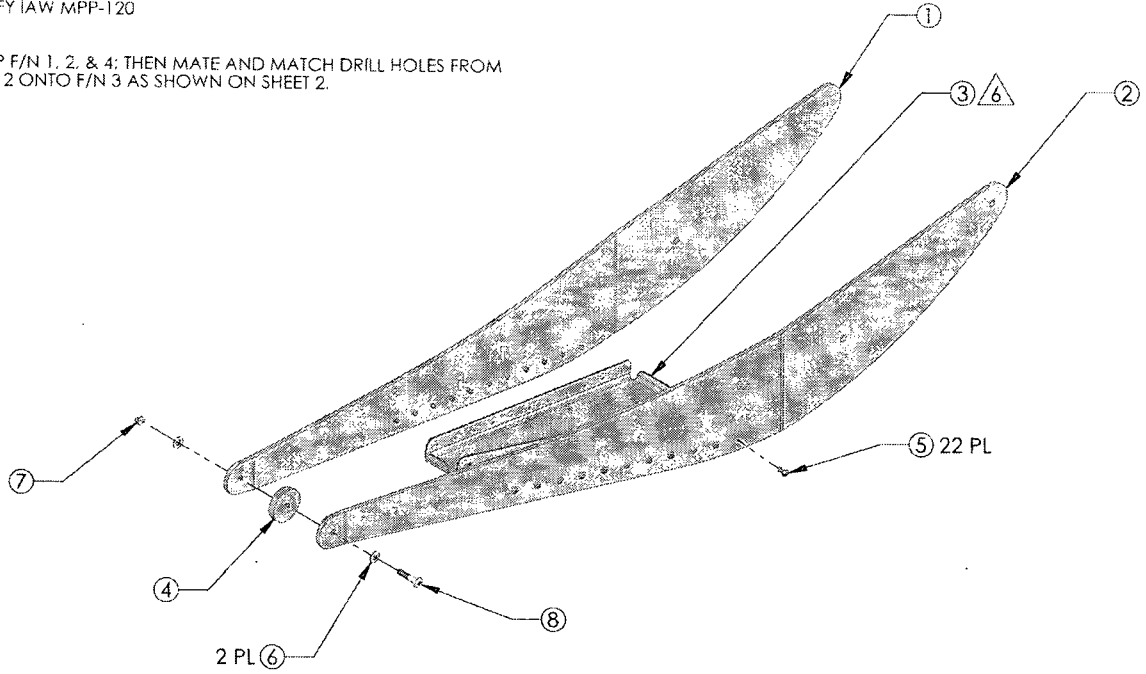
91800

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REV	DESCRIPTION	DATE	BY	APP'D
1	INITIAL RELEASE			
2	REVISION			

NOTES:

- 1 MATERIAL: 7075-T6 ALUMINUM PER AMS-QQ-A-250/12
- 2 MATERIAL: 6061-T6 ALUMINUM BAR IAW AMS-QQ-A-250/11
- 3 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER; PRIME IAW MIL-P-23377J TYPE I CLASS N
- 4 DEBURR AND BREAK ALL SHARP EDGES
- 5 IDENTIFY IAW MPP-120
- 6 CLAMP F/N 1, 2, & 4; THEN MATE AND MATCH DRILL HOLES FROM F/N 1 & 2 ONTO F/N 3 AS SHOWN ON SHEET 2.



UNINCORPORATED ECN(s)

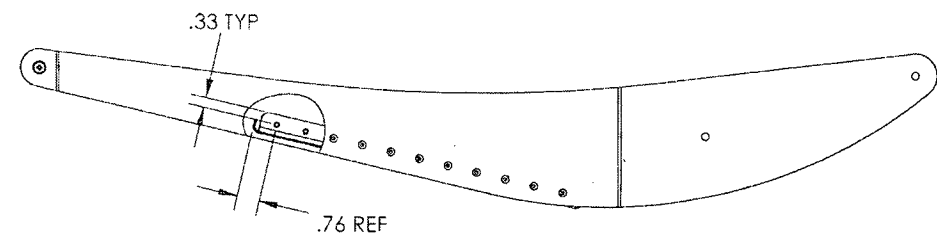
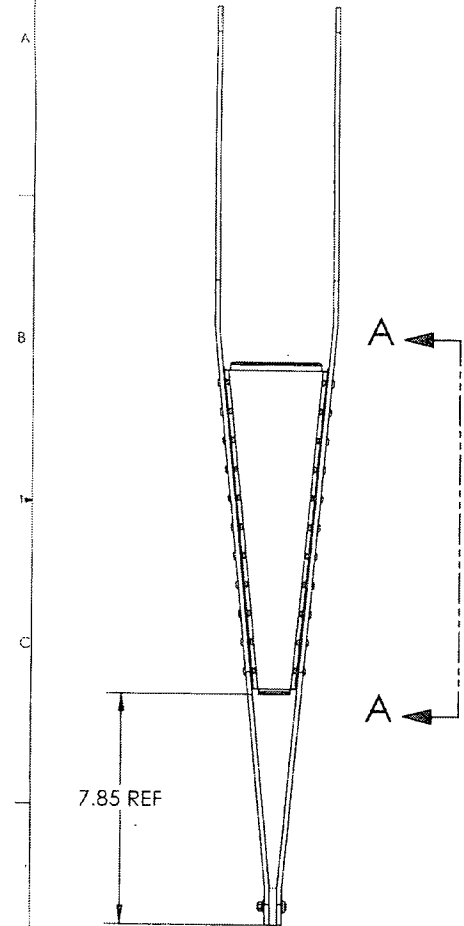
02937

QTY	1	8	601.2637	SCREW	AMS2039-1-13	
	1	7	601.2943	LOCKNUT	AMS21042-3	
	2	6	601.1607	WASHER	AMS11490332P	
	22	5	601.1915	RIVET	CF3213-4-4	
	1	4	647.1713	SPACER		△
	1	3	647.1712	GUSSET		△
	1	2	647.1711	PLATE		△
	1	1	647.1710	PLATE		△
			647.1701	SKID DEFLECTOR ASSY		△
	1701	FIND #	PART #	DESCRIPTION	MAT'L	SPEC.
QTY				PARTS LIST		
NEXT ASSY (S)				APICAL INDUSTRIES		
647.1300				2608 TEMPLE HEIGHTS DR.		
				OCEANSIDE, CA. 92056-3512 (760)724-5300		
				SKID DEFLECTOR ASSY		
				SHEET 1 OF 5		

91800

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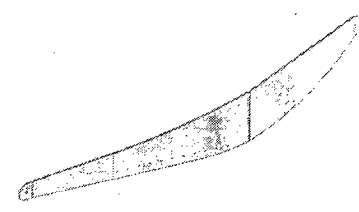
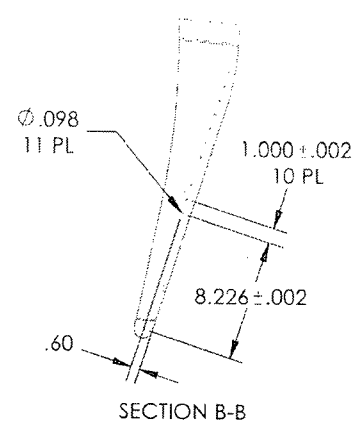
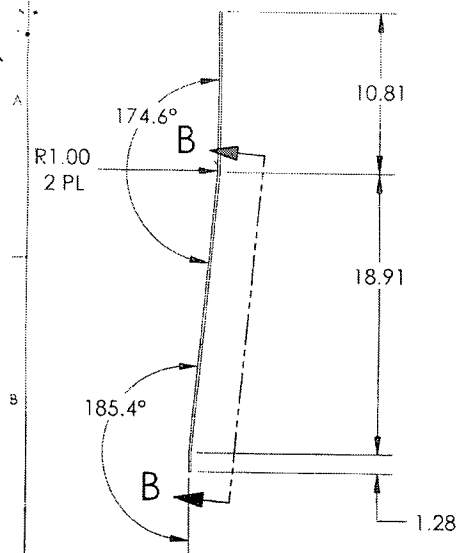
REV	DESCRIPTION	DATE	INITIALS



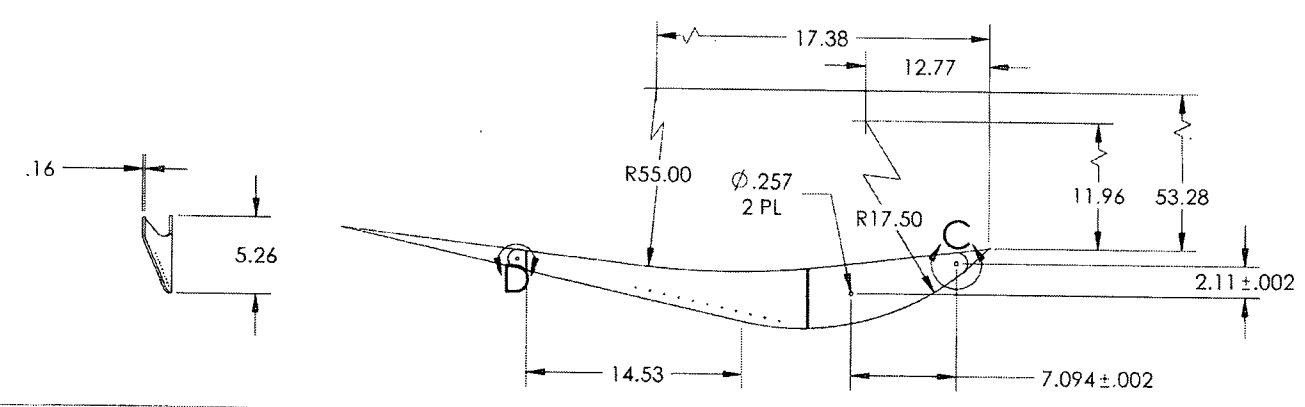
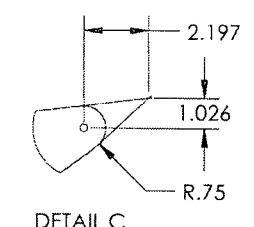
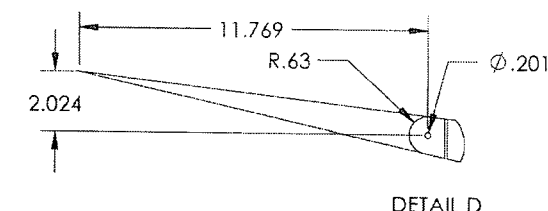
SECTION A-A

ORIGINAL DATE DRAWN BY DESIGNED BY CHECKED BY QUANTITY APPROVAL P. QUANTITY		<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
CONTRACT NO. UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 1. FRACTIONS DECIMALS ± .01 2. PLACES DECIMALS ± .001 3. ANGLES ± .5°		SIZE B	CAGE CODE 07M126
DWG. NO. 647.1700		REV. N/C	SCALE NONE SHEET 2 OF 5

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647.1711 SHOWN  
647.1710 OPPOSITE

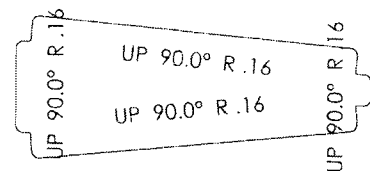
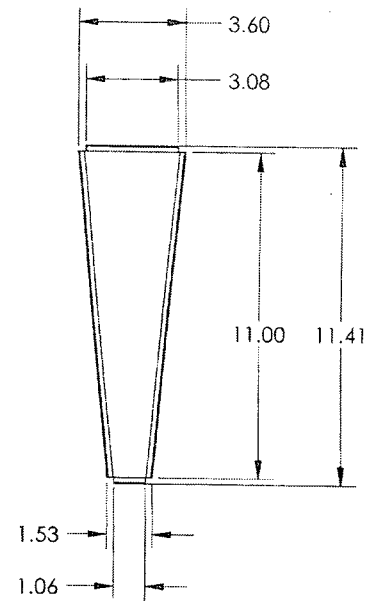


ORIGINAL DATE REVISIONS DATE BY REASON		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
DESIGNED BY J. STARDNER		SKID DEFLECTOR ASSY	
DRAWING APPROVAL P. BRAY		SEE CODE BOOK B 07A26	DWG NO. 647.1700
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES FRACTIONS ARE TO BE SHOWN DECIMALS TO TWO ANGLES IN DEGREES		SCALE: NONE	PEN N/C
		SHEET 3 OF 3	

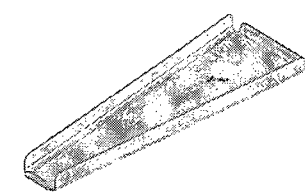
91800

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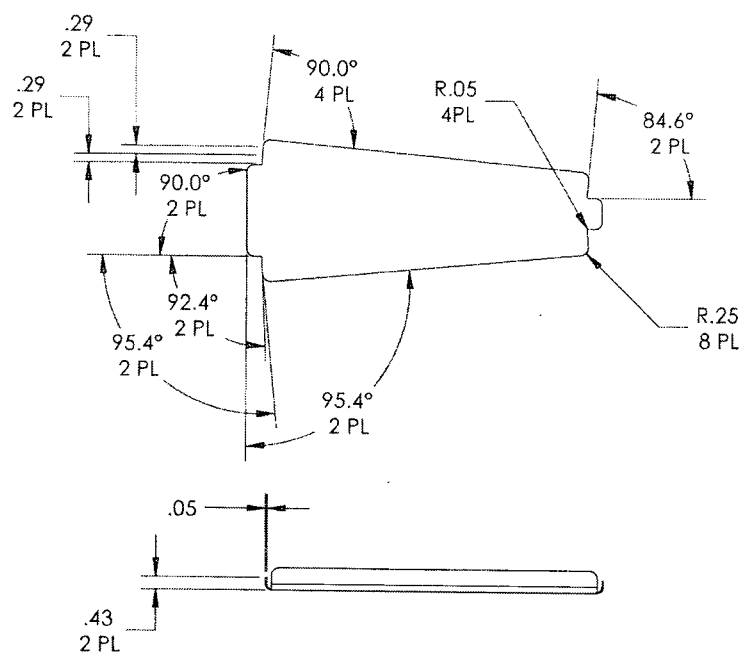
REV	DESCRIPTION	DATE	APPROVED



FLAT PATTERN



647.1712

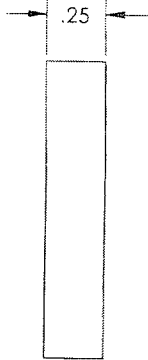


ORIGINAL DATE DESIGNED BY: J. G. GUY DRAWN BY: J. G. GUY CHECKED BY: J. G. GUY APPROVED BY: J. G. GUY CONTRACT NO.	<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300 <b>SKID DEFLECTOR ASSY</b>
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 3 PLACE DECIMALS ± .005 ANGLES ± .5°	NOT TO SCALE B 3/4" = 1'-0" SCALE: NONE 647.1700 SHEET 4 OF 5

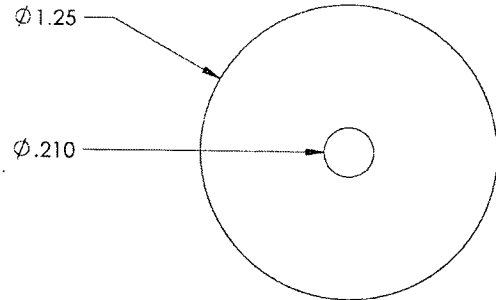
91800

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REV	DESCRIPTION	DATE	APPROVED



647.1713



APICAL INDUSTRIES		2608 TEMPLE HEIGHTS DR.		(760) 724-5300	
OCEANSIDE, CA. 92056-3512		SKID DEFLECTOR ASSY		REV N/C	
DATE: 07/26/20		CAGE CODE: 647.1700		SCALE: NONE	
BY: B		SHEET 5 OF 5			





A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62149

Date: 14-Jan-13

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
1 lot	Part: ASST	Rev:	
	24 PCS 647.2510		
	PASSIVATE PER QQ-P-35		
	1 PC 647.1613 ✓		
	12 PCS 647.1712 10		
	3 PCS 647.1810		
	40 PCS 647.1812		
	2 PCS 647.1813		
	1 PC 647.1816		
	20 PCS 646.3312		
	10 PCS 646.3714		
	40 PCS 646.3718		
	20 PCS 646.3811		
	6 PCS 647.7910		
	12 PCS 647.7912		
	6 PCS 647.7916		
	40 PCS 647.9012		
	10 PCS 647.9013		
	19 PCS 647.9016		
	30 PCS 647.9016		
	30 PCS 647.9017		
	60 PCS 647.9017		
	HARD ANODIZE BLACK		
	MIL-A-8625 TYPE III CLASS 2		
	Job: 20130027	PO: PO18583	Line:



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
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Ph: (613) 446-4544  
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Canada

Ph: 613-632-5200

Fax: 613-632-1185

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Fax: 613-632-1185

Terms	Ship Via				
<table border="1"><thead><tr><th>Quantity</th><th>Description</th></tr></thead><tbody><tr><td></td><td><p align="center"><b>Certificate of Conformance</b></p><p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p><p align="center">ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p><p>DATE : <u>14/1/13</u></p><p>CERTIFIED SIGNATURE : <u></u></p><p>RECEIVER SIGNATURE : _____</p></td></tr></tbody></table>		Quantity	Description		<p align="center"><b>Certificate of Conformance</b></p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p align="center">ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE : <u>14/1/13</u></p> <p>CERTIFIED SIGNATURE : <u></u></p> <p>RECEIVER SIGNATURE : _____</p>
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